



Original communication

Are men with erectile dysfunction able to ejaculate? – A survey

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ABSTRACT

Objective: The study aims to show that men complaining of 'impotence' or erectile dysfunction (ED) can ejaculate.**Methods:** Attendees at a clinic for ED were asked to fill in a questionnaire to assess the severity of their ED and establish how often they were able to ejaculate.**Results:** Ninety-two percent of the men with ED were able to ejaculate at least a few times during sexual stimulation or intercourse.**Conclusion:** Men with even severe ED claim they can ejaculate during sexual stimulation or intercourse.

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1. Introduction

Some alleged assailants in cases of sexual assault put up a defence that they had 'impotence' (or erectile dysfunction, ED) and therefore either they could not have penetrated the victim and/or they could not have ejaculated.

Sexual arousal involves both psychogenic and organic stimuli leading to central or peripheral effects. An erection is a physical manifestation of peripheral sexual arousal. It is caused by the increased arterial blood flow into the two corpora cavernosa, which expand within the surrounding fibrous tunica albuginea. This leads to reduced venous outflow and penile rigidity. For psychogenic arousal to occur, stimulatory factors need to outweigh inhibitory factors and for physical arousal to occur there needs to be an intact hormonal, vascular and neural supply.

ED is a common sexual problem. It is self-reported and in the majority of cases objective tests are not available or used to confirm the diagnosis. ED can be defined as the persistent inability to attain

and/or maintain an erection to permit satisfactory sexual intercourse.¹ It can be caused by organic and psychogenic factors and can be graded from mild to severe.

Ejaculation starts with emission, which is the deposition of the semen into the posterior urethra, then closure of the bladder neck sphincter and finally expulsion of the seminal fluid along and out of the urethra.² Emission occurs at a high level of sexual arousal and signifies the point of ejaculatory inevitability. There can be problems with premature or rapid ejaculation and retarded or delayed ejaculation.

It has been shown that ejaculation may occur without an erection in men with paraplegia and postpriapism where there is an organic inability to achieve an erection.³ It has also been shown that men with premature or rapid ejaculation (PE), where there is poor control over ejaculation, may also have ED.⁴ The purpose of this study is to provide further evidence that men with ED can ejaculate and to illustrate the variable nature of ED.

2. Material and methods

A total of 50 consecutive men attending an Erectile Dysfunction Clinic in southeast London during the period from April 2007 to June 2008 were asked to fill in a two-page questionnaire with the attending doctor. The questionnaire contained questions

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regarding erectile function and ejaculation. ED was graded using the Sexual Health Inventory for Men IIEF-5 (International Index of Erectile Function) shown in [Appendix 1](#). This scale was developed to diagnose the presence and severity of ED in sexual activity over the past 6 months. It enables the ED to be classified into five severity levels ranging from none, mild, mild to moderate, moderate and severe.⁵ Ejaculatory frequency was assessed using question 9 from the IIEF and it is shown in [Appendix 2](#). The IIEF is a 15-question self-report instrument used to evaluate male sexual function.⁶ The IIEF-5 comprises the first five questions of the IIEF.

3. Results

Twelve men were excluded as they had not had any sexual activity or attempts at intercourse within the last 6 months; hence, they could not be evaluated using the IIEF-5. Of the 38 men included in the study, 79% of the men were aged 40–69 years. Thirty-seven percent were Caucasian, 37% were Black African and 18% Black Caribbean; 84% were heterosexual and 82% had a current sexual partner; 32% of the men with ED also had premature or rapid ejaculation.

All the men had ED for more than 3 months and 74% of the men had had ED for more than 1 year; 74% had severe or moderate ED and the remainder had mild to moderate or mild ED; 74% had had sexual activity in the last month and 68% had attempted intercourse in the last month.

[Table 1](#) shows the relationship between the severity of ED and the frequency of ejaculation during sexual stimulation or intercourse: 92% of all the men were able to ejaculate a few times (much less than half the time), sometimes (about half the time), most times (much more than half the time) or almost always/always during sexual stimulation or intercourse and 61% of all the men were able to ejaculate most times or almost always/always. Of the men with severe or moderate ED, 50% were able to ejaculate most times or more and 89% were able to ejaculate a few times or more.

4. Discussion

This study shows that the majority of a sample of men with ED attending an Erectile Dysfunction Clinic self-reports that they can still ejaculate to a variable degree. A greater number of participants would be needed to show whether there was a significant relationship between the severity of ED and the ability to ejaculate. It has long been thought that genital arousal and ejaculation are separate and independent of each other and, in simple terms, erection is mediated via parasympathetic nerve fibres and ejaculation via sympathetic nerve fibres.² It is also possible to have mental sexual arousal whilst having ED and to have an erection without having mental arousal.⁷ The association between PE and ED illustrates the former. In the present

study, a third of the men with ED also had PE. PE can be a separate problem predating the ED or it can arise together with the ED. The PE can be caused by the fear of losing the erection because of ED or the ED can result from the anxiety of the PE.

A limitation of this study is that the questionnaire relating to the frequency of ejaculation does not separate 'never' from 'almost never' being able to ejaculate and hence does not answer the question as to whether some men with ED are never able to ejaculate. Further studies in this would be useful but would however have to rule out any problem with retarded or delayed ejaculation that might have predated the ED. Another limitation is that the study relies on the participants' self-report of their sexual function, which was not validated.

The present study also highlights that ED is variable and can be graded. ED is not a fixed entity and it can vary according to:

1. Whether it happens in all situations or whether it depends on the situation. Some men have ED in all sexual situations and some men only get ED in certain situations such as with one partner and not another.
2. Whether it happens on a permanent basis or a temporary basis. Some men have a permanent problem with ED such as with a progressive or non-treatable organic cause whilst other men have a temporary problem with ED such as with a treatable organic cause or psychogenic cause.
3. Whether the problem is one of getting an erection or of maintaining it once achieved. Some men with ED are not able to get a sufficient erection from the beginning of sexual contact whereas other men are able to get an erection sufficient to initiate sexual contact such as vaginal penetration but are not able to maintain it through to completion.
4. The hardness of erection achieved. The hardness of erection achievable by a man complaining of ED is variable such that the strength achievable may not be sufficient for one activity such as anal penetration but may be sufficient for another activity such as oral penetration.

5. Conclusions

Men with even severe ED claim they can ejaculate during sexual stimulation or intercourse. Any defence given by a suspect related to ED needs to be assessed carefully and a specialist opinion considered.

Ethical approval

The local research ethics committee confirmed that no ethics approval was needed.

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Conflict of interest

None declared.

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Table 1
Relationship between severity of ED and frequency of ejaculation.

Severity of ED	Frequency of ejaculation				
	Almost never/never	A few times/sometimes	Most times	Almost always/always	Total
Severe	2	7	2	5	16
Moderate	1	4	1	6	12
Mild/mod-mild	0	1	2	7	10
Total	3	12	5	18	38

Appendix 1. Sexual Health Inventory for Men (IIEF-5).

1. How do you rate your confidence that you could get and keep an erection?
 very low low moderate high very high
☐ ☐ ☐ ☐ ☐
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?
 never or a few times sometimes most times almost always
 almost never or always
☐ ☐ ☐ ☐ ☐
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated(entered) your partner
 never or a few times sometimes most times almost always
 almost never or always
☐ ☐ ☐ ☐ ☐
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
 extremely very difficult difficult slightly not difficult
 difficult ☐ ☐ difficult ☐
☐ ☐ ☐ ☐ ☐
5. When you attempted sexual intercourse, how often was it satisfactory for you?
 never or a few times sometimes most times almost always
 almost never or always
☐ ☐ ☐ ☐ ☐

Appendix 2. Question 9 of the International Index of Erectile Function.

9. When you had sexual stimulation or intercourse, how often did you ejaculate?
 never or a few times sometimes most times almost always
 almost never or always
☐ ☐ ☐ ☐ ☐

Where:

Sexual activity includes intercourse, caressing, and masturbation

Sexual intercourse is penetration of your partner

Sexual stimulation includes situations such as foreplay, erotic pictures etc.

Ejaculation is the ejection of semen from the penis (or the feeling of this)

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